

Cultural Competence A Federal Perspective

Cultural Competency An Agenda for Ending Health Disparities in Maryland Conference

April 23, 2007

**Department of Health & Human Services
Health Resources and Services Administration**

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RESPECT

What is a Health Disparity?

- Differences in incidence, prevalence, mortality, and burden of health conditions among specific population groups
- Populations may be characterized by gender, race, ethnicity, education, income, social class, disability, geographic location or sexual orientation

Leading Health Disparities

- Access to Health Care
- Mental Health
- Oral Health
- Maternal Morbidity & Mortality
- Infant Mortality & Low Birth Weight
- Immunizations children and adult
- Asthma
- STD's including HIV
- Obesity
- Diabetes
- Cardiovascular Disease
- Cancer

Unequal Treatment Confronting Racial and Ethnic Disparities in Health

(Institute of Medicine 2002)

- “Racial and ethnic minorities tend to receive a lower quality of care than non-minorities, even when access-related factors, such as patients’ insurance status and income are controlled.”

Rural Health Disparities

- 55 million(20%) live in rural areas 80% of land mass
- High rates of uninsured
- Many are Economically & Educationally DISADVANTAGED
- Regional patterns of rural disadvantage – rural minorities, Appalachia, Alaska Natives/Native Americans, US Mexico Border & Delta residents
- Geography and distance
- Lack of access, public health infrastructure, community resources, limited health technology, provider shortages
- Highest death rates for unintentional injuries esp. MVI
- High rates of metabolic syndrome obesity, diabetes, heart diseases, smoking, substance abuse especially alcohol, methamphetamines and inhalants

Urban Health Disparities

- 72 million persons (24.8%) live in the largest 200 cities
- High rates of uninsurance
- Many are Economically and Educationally DISADVANTAGED
- Crowding & pollution
- Lack of access, community resources, provider shortages, limited access to technology
- Highest death rates for asthma and homicide
- High rates of metabolic syndrome obesity, diabetes, cardiovascular disease, smoking, substance abuse, cancer, mental illness

Health Resources and Services Administration (HRSA)

Vision

The Health Resources and Services Administration (HRSA) envisions optimal health for all, supported by a health care system that assures access to comprehensive, culturally competent, quality care.

Mission

HRSA provides national leadership, program resources and services needed to improve access to culturally competent, quality health care.

HRSA GOALS

- Improve Access to Health Care
- Improve Health Outcomes
- Improve Quality of Care
- Eliminate Health Disparities
- Improve the Public Health and Health Care Systems
- Enhance the Ability of the Health Care System to Respond to Public Health Emergencies
- Achieve Excellence in Management Practice

HRSA is committed to ensuring access to Quality Health Care for ALL

■ Quality Care Means

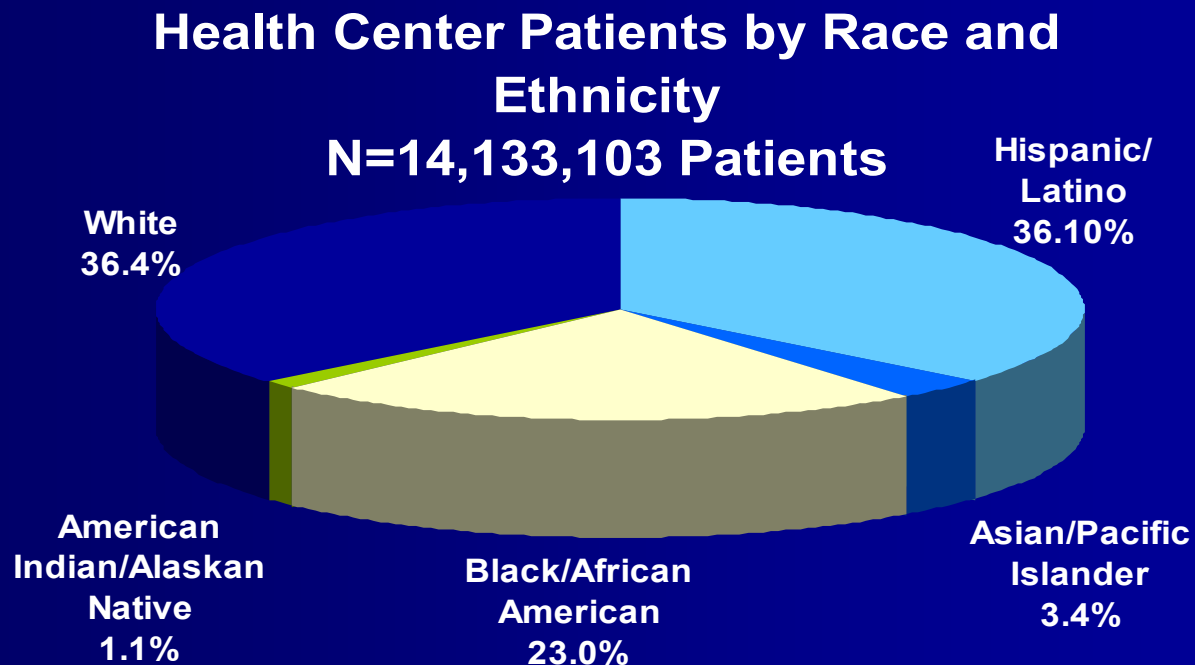
- **ACCESS** to services, information, materials delivered by competent providers in a manner that factors in language needs, cultural richness and the diversity of populations served.

Health Resources and Services Administration (HRSA) is

The Nation's Safety Net Provider of Healthcare

- Bureau of Primary Health Care (BPHC)
 - provides health care (physical, mental and oral) for approximately 14 million persons, via 1200 health centers, which are staffed in part by National Health Service Corps' (NHSC) 4600 clinicians
- Bureau of Health Professions (BHPR)
 - provides education and training for our nations health care professionals
 - with an emphasis on training a culturally and linguistically diverse work force
 - developing the pipeline

Bureau of Primary Health Care



28.7% of patients are best served in a language other than English

Health Disparities Collaboratives (HDC)/Performance Measures

- A national effort to eliminate disparities improve delivery systems of healthcare at 800 HRSA supported centers
- Collaboratives addressed prevention, asthma, perinatal, diabetes, cardiovascular disease, depression, access, patient flow, safety, finance/redesign...
- Currently the collaboratives are being reconfigured to core outcome measures for the entire agency

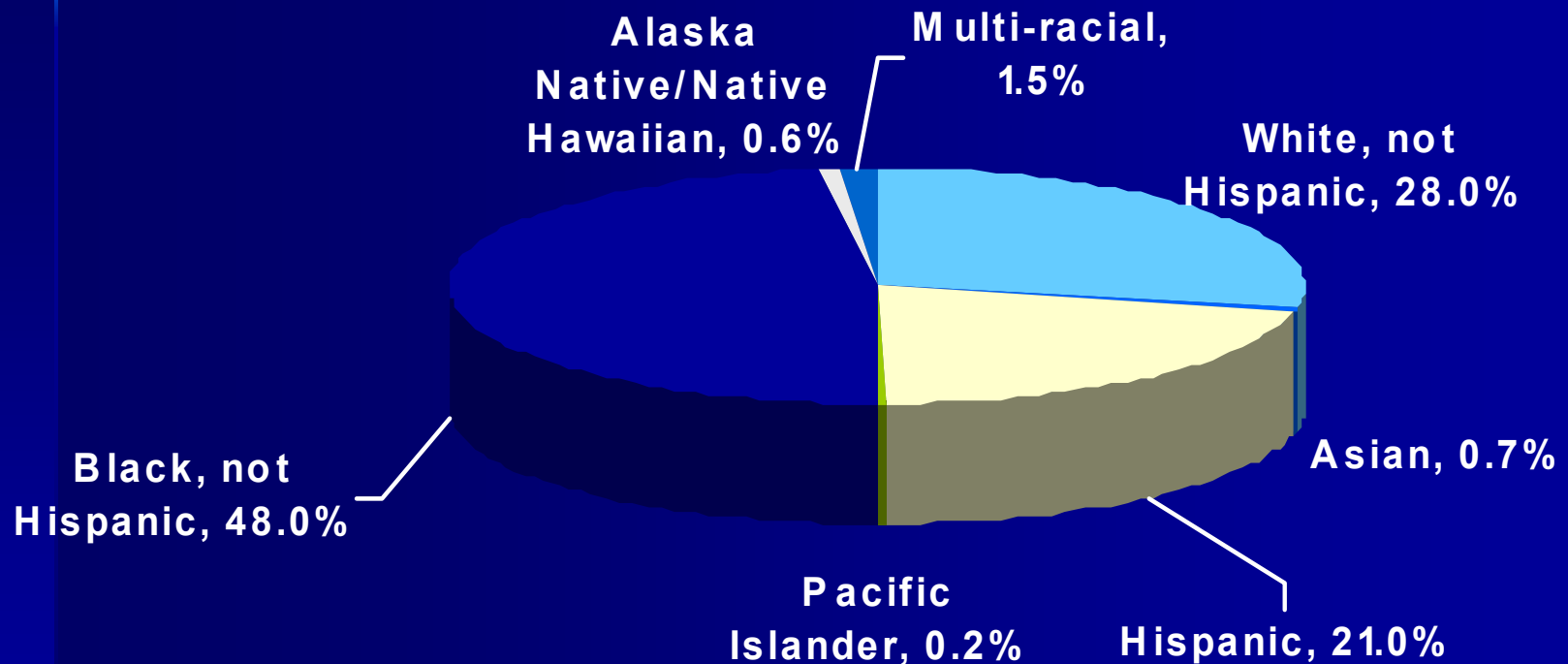
HRSA is the Nation's Safety Net Provider of Health Care cont.....

- **Maternal and Child Health Bureau (MCHB)** The Children's Bureau was established in 1912. In 1935, the U.S. Congress enacted Title V of the Social Security Act, which authorized the Maternal and Child Health Services programs and provided a foundation and structure for assuring the health of American mothers and children. (such as state block grants, new born screening, Healthy Start....)
- **HIV/AIDS Bureau (HAB)** Formed in Aug. 1997 to consolidate all programs funded under the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act to improve the quality and availability of care for people with HIV/AIDS and their families... named after the Indiana teenager, Ryan White, who became an active public educator on HIV/AIDS after he contracted the syndrome. He died the same year the legislation was passed (1990)

HIV/AIDS Bureau

Race of Duplicate Clients Served by CARE Act Providers, 2005

N=952, 563 duplicated clients



Source: Ryan White CARE Act Data Report, 2005

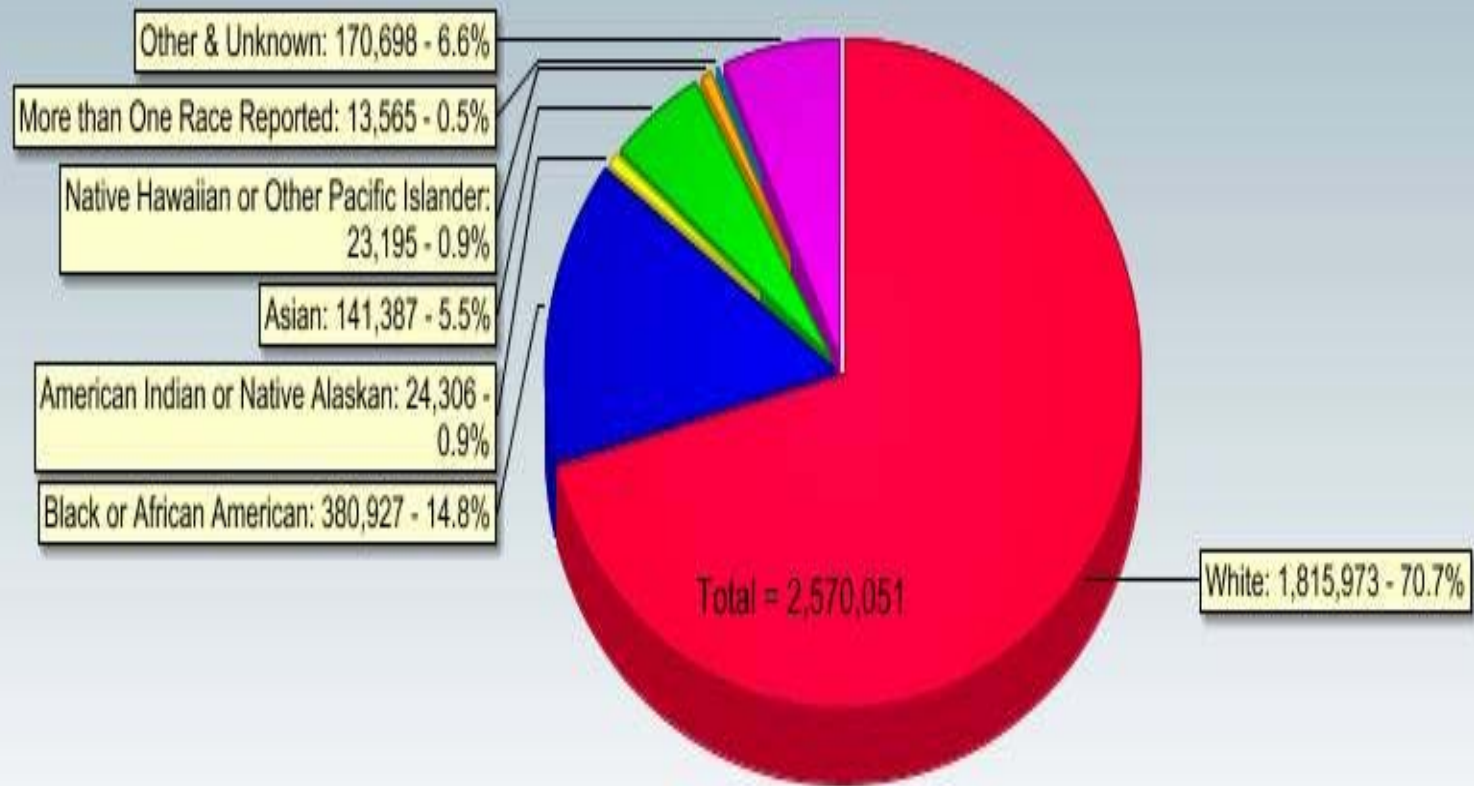
Race/ethnicity was unknown or not reported for 36, 431 clients

AIDS Education and Training Centers (AETC)

- Supports education and training of health care providers
- 11 regional centers, 4 national resource centers
- National Minority AETC (NMAETC) builds capacity for HIV care and training among minority health care professionals and health care professionals serving communities of color (Howard University)
- University of Texas Health Science Center, San Antonio
Lead center for providing training on Hispanic issues
- International Training and Education Center on HIV . I-TECH promotes activities that increase human capacity for providing HIV/AIDS care and support in countries and regions hardest hit by the AIDS epidemic

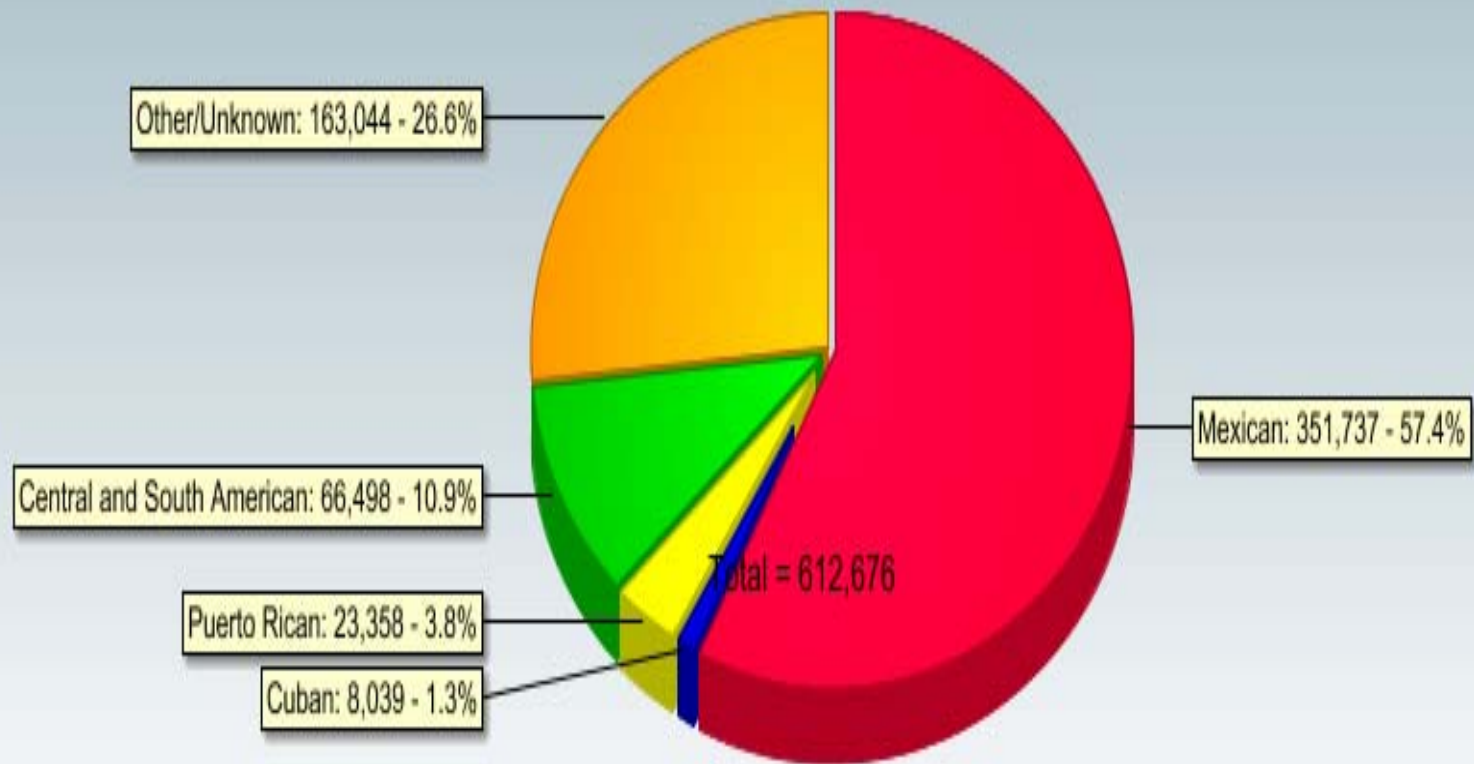
Maternal and Child Health Bureau
Title V Block Grant
2007 Application Data

Total Deliveries Served by Title V by Race, National, 2005



Maternal and Child Health Bureau
Title V Block Grant
2007 Application Data

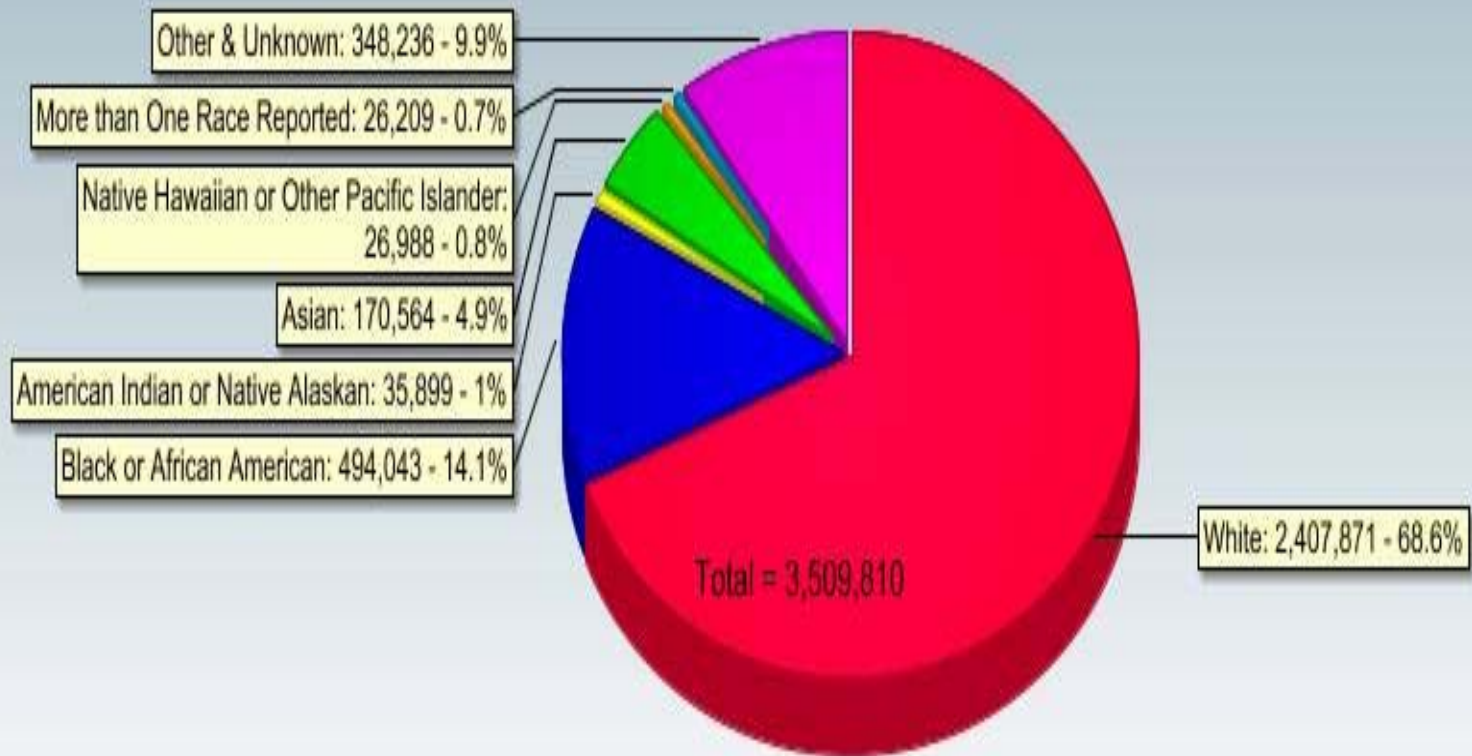
Ethnicities of Hispanic Deliveries Served by Title V, National, 2005



26.3% of deliveries were Hispanic/Latino

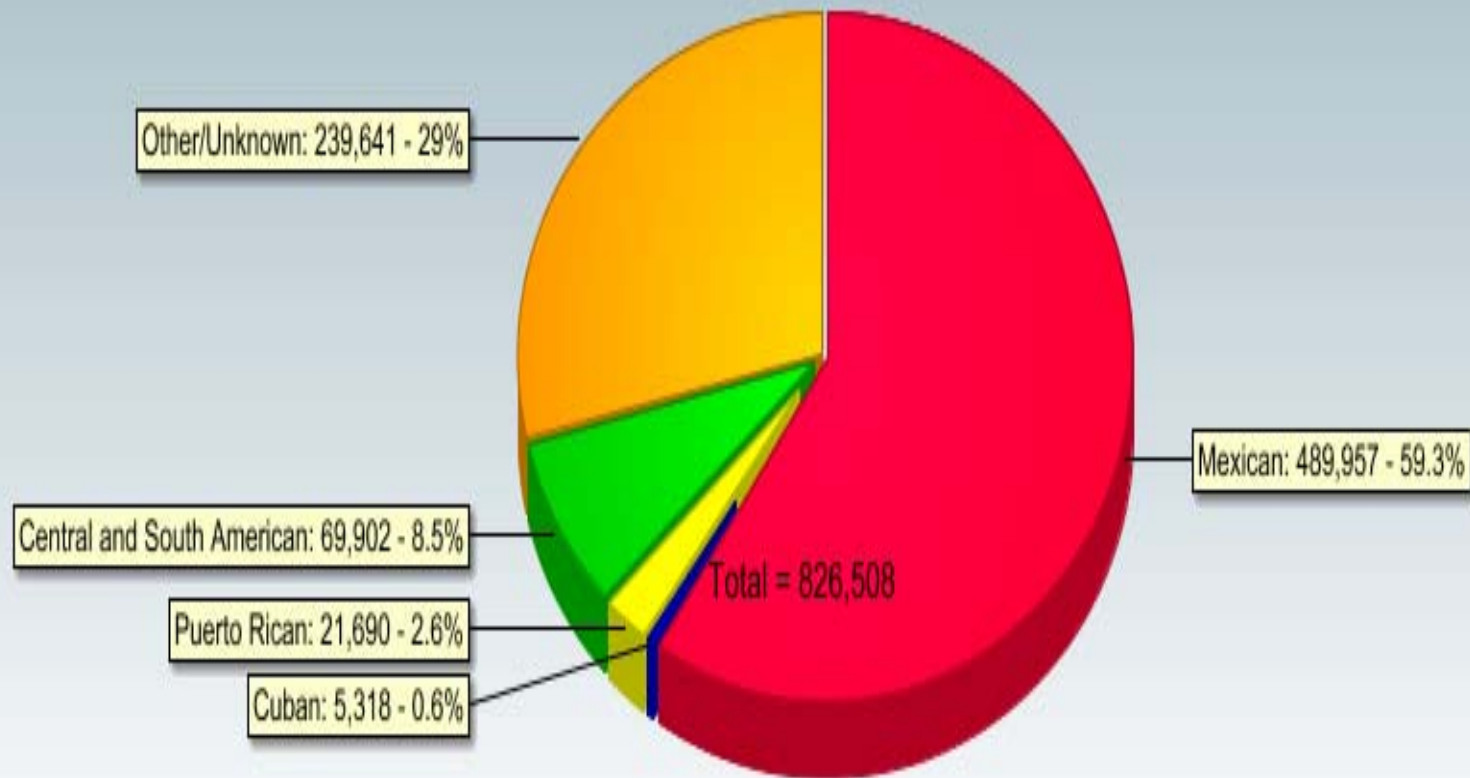
Maternal and Child Health Bureau
Title V Block Grant
2007 Application Data

Total Infants Served by Title V by Race, National, 2005



Maternal and Child Health Bureau
Title V Block Grant
2007 Application Data

Ethnicities of Hispanic Infants Served by Title V, National, 2005



25.5% of Infants served were Hispanic/Latino

Office of Rural Health Policy (ORHP)

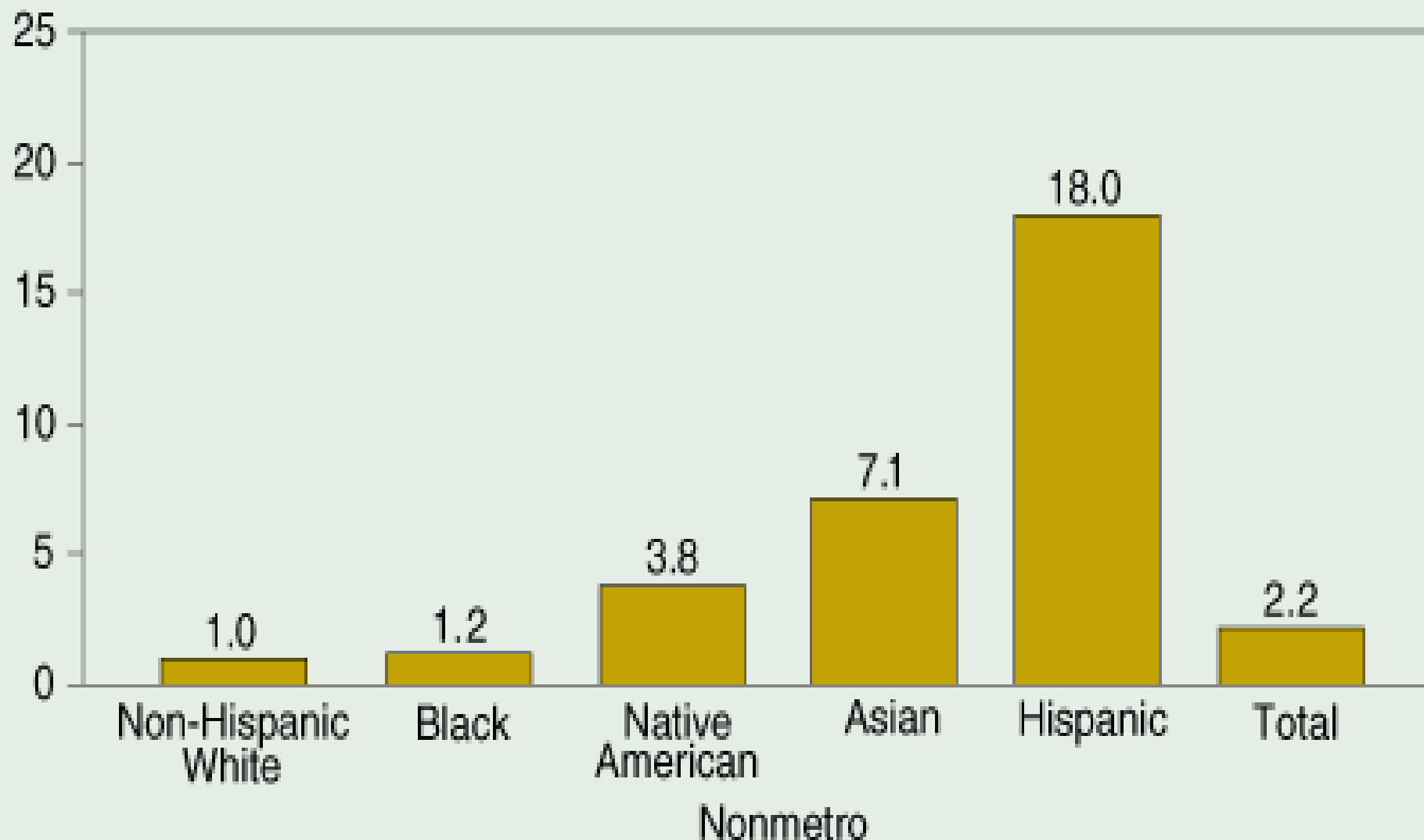
- Promotes better health care service in rural America
 - Congress charged the Office with informing and advising the Department of Health and Human Services on matters affecting rural hospitals, and health care, coordinating activities within the department that relate to rural health care, and maintaining a national information clearinghouse

The Office of Rural Health Policy

- Created in 1987 by Congress to address the problems that arose from the implementation of the Medicare inpatient Prospective Payment System (PPS), which led to the closure of an estimated 400 rural hospitals.
- Advises the Secretary and the Department of Health and Human Services on rural issues.
- Administers grant programs, makes policy recommendations, and facilitates research on rural health.
- Coordinates border health and intergovernmental affairs for HRSA.

Nonmetro population growth rates vary by race and ethnicity, 2000-05

Percent



Source: Compiled by USDA, ERS using Census Bureau county population estimates for 2000 and 2005.

HRSA funding supporting Asian Americans & Pacific Islanders

- Pacific AIDS Education and Training Centers (AETCs)
- Scholarships for Disadvantaged Students
- Advanced Education Nursing Traineeship program
- Plan, Develop & Operate a Continuing Clinical Education Program in Pacific Basin
- Children's Oral Healthcare Access Program
- Native Hawaiian Health Scholarship Program

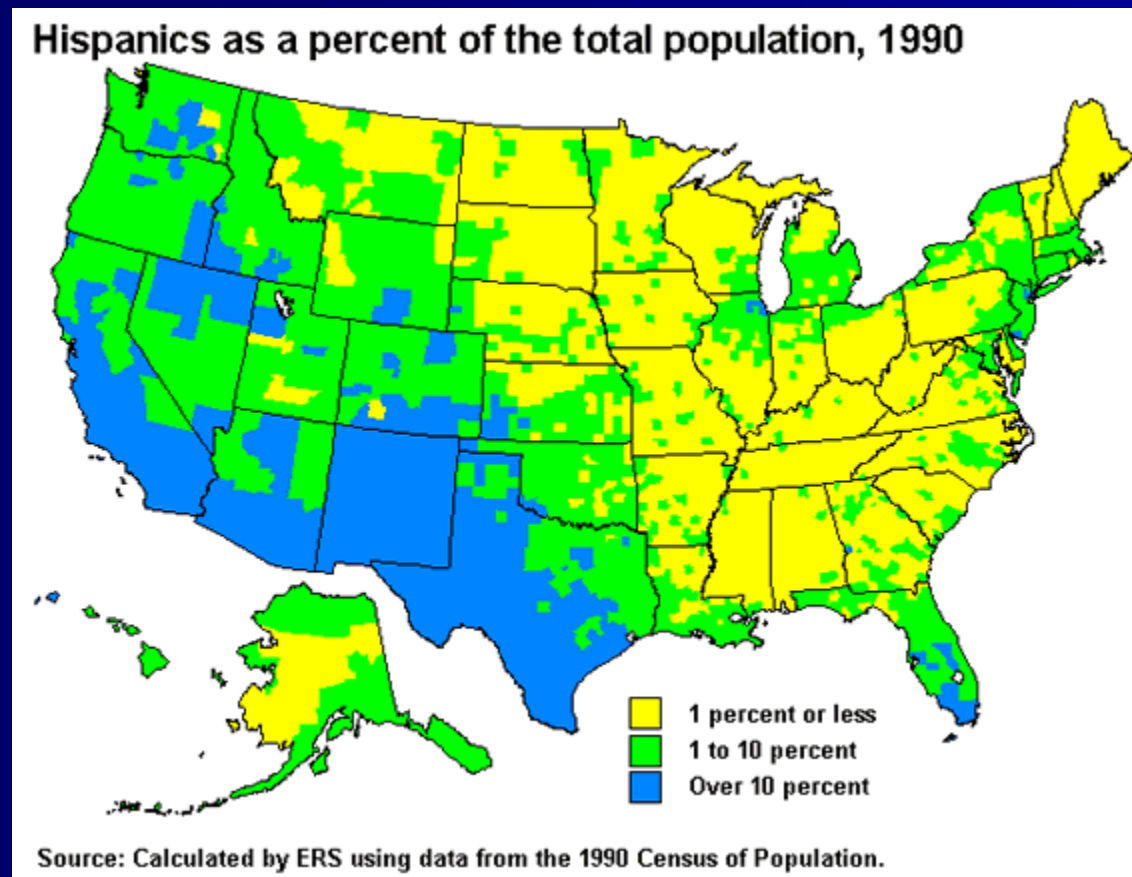
American Indian and Alaska Native Activities

- American Indian/Alaska Native Tribes and the Federal government have a unique government to government relationship. This relationship provides the tribes an opportunity to be involved in the development of public health and human services policy. HHS and HRSA have several activities to promote this exchange of information.

American Indian and Alaska Native Activities (continued)

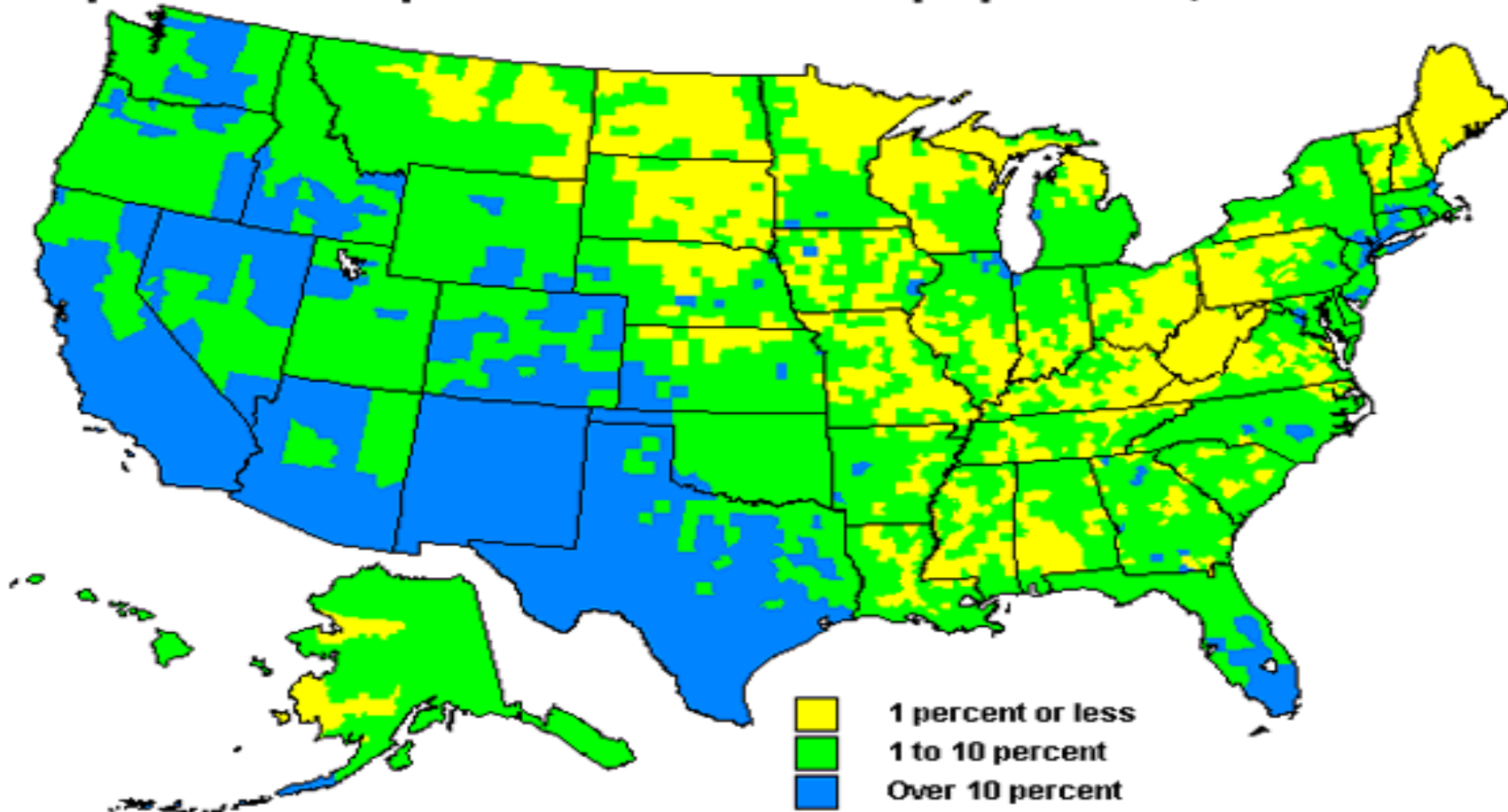
- **American Indian/Alaska Native representatives group**
- **HRSA Tribal Consultation Policy Workgroup**
 - **Contributes to Administration for Native Americans (ANA) Report**
 - **Prepares Tribal Consultation Report**
 - **Participates in HHS Leadership Tribal Visits**
 - **Review of the Barriers Study**
- **Coordinates HRSA participation at Department-wide meetings and councils concerning the Tribes.**
 - **Intradepartmental Council on Native American Affairs**
 - **Tribal Budget Consultation**
- **Assists with the Tribal Consultation Process.**
 - **Represents HRSA at Regional Tribal Consultation Sessions**
 - **Formulates draft HRSA Tribal Consultation Policy**

We are a Demographically Dynamic Nation, Consider:



The Greening of Maryland!

Hispanics as a percent of the total population, 2000

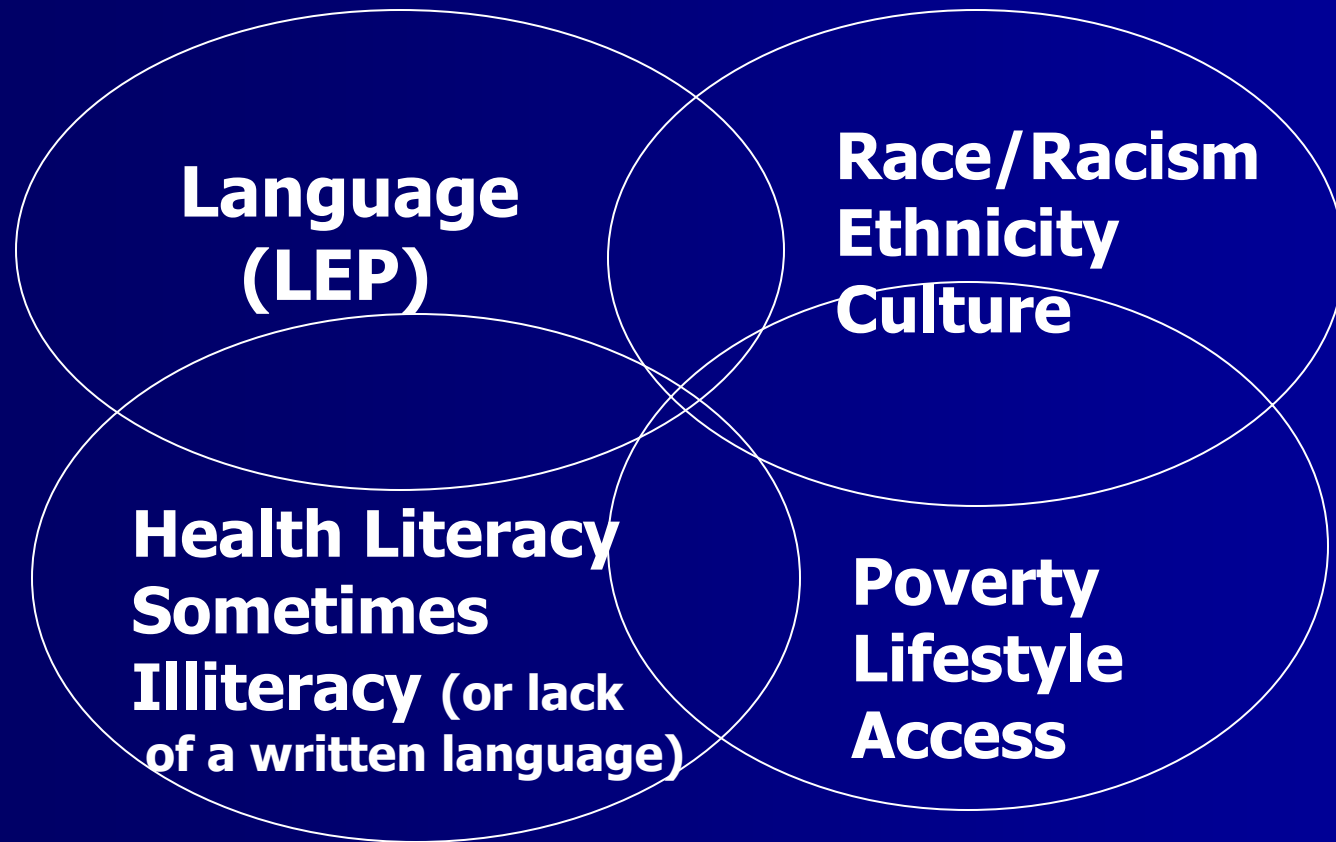


Source: Calculated by ERS using data from the 2000 Census of Population.

Limited English Proficiency (LEP)

- Whether large or small, urban or rural, health systems are encountering more and more patients with LEP.
- Being sick makes any person feel vulnerable, but for people with LEP, the language barrier makes it even more difficult

Factors Impacting Health Disparities



Report from a recent National Survey of U.S. Hospitals

Encounters with LEP patients by Hospital Characteristics					
	Number of hospitals	% hospitals with LEP patients daily	% hospitals with LEP patients weekly	% hospitals with LEP patients monthly	% Total
Total	858	43	20	17	80
Size					
Small	328	23	20	21	64
Medium	395	50	23	17	90
Large	135	79	11	6	96
Status					
Rural	410	21	22	23	66
Urban	448	59	18	12	89

Source: Health Research Educational Trust (HRET), 2006

Legal and Ethics Issues

- Culture, Language and Health Literacy are Quality Issues
- Cultural/Linguistic Competence Drives HRSA Mission
- Limited English Proficiency (LEP) is a Civil Rights Issue-see Title VI Civil Rights Act
- HRSA Grantees Committed to LEP Services

HRSA Grantees Overcome these Barriers by

- hiring linguistically and culturally competent staff from the surrounding community
- providing additional training for staff
- using formally trained medical interpreters and/or telephone cooperative interpreter banks
- increasing the numbers of linguistically and culturally diverse persons entering the health care professions
- linguistically and culturally appropriate translation of written information (including on prescriptions)
- annual community needs assessment of changing demographics (including languages spoken)
- working with community and national partners

HRSA Cultural and Linguistic Competency (CLAS) Achievements

Health Professions

- Curriculum in Ethno-geriatrics
 - Centers of Excellence Curriculum
 - Policy Infusions Through Guidances and Training
 - *New Guidance Language*
 - *Training and Technical Assistance to Grantees*
 - *In-service Training for BHPPr Staff*

HRSA CLAS Achievements

Maternal and Child Health

- National Center for Cultural Competence
Policy Infusions Through Guidance &
Training
(<http://www11.georgetown.edu/research/gucchd/nccc/index.html>)
 - New Guidance Language
 - Training & Technical Assistance to Grantees
 - In-service Training for MCHB Staff

HRSA CLAS Achievements

HIV/AIDS

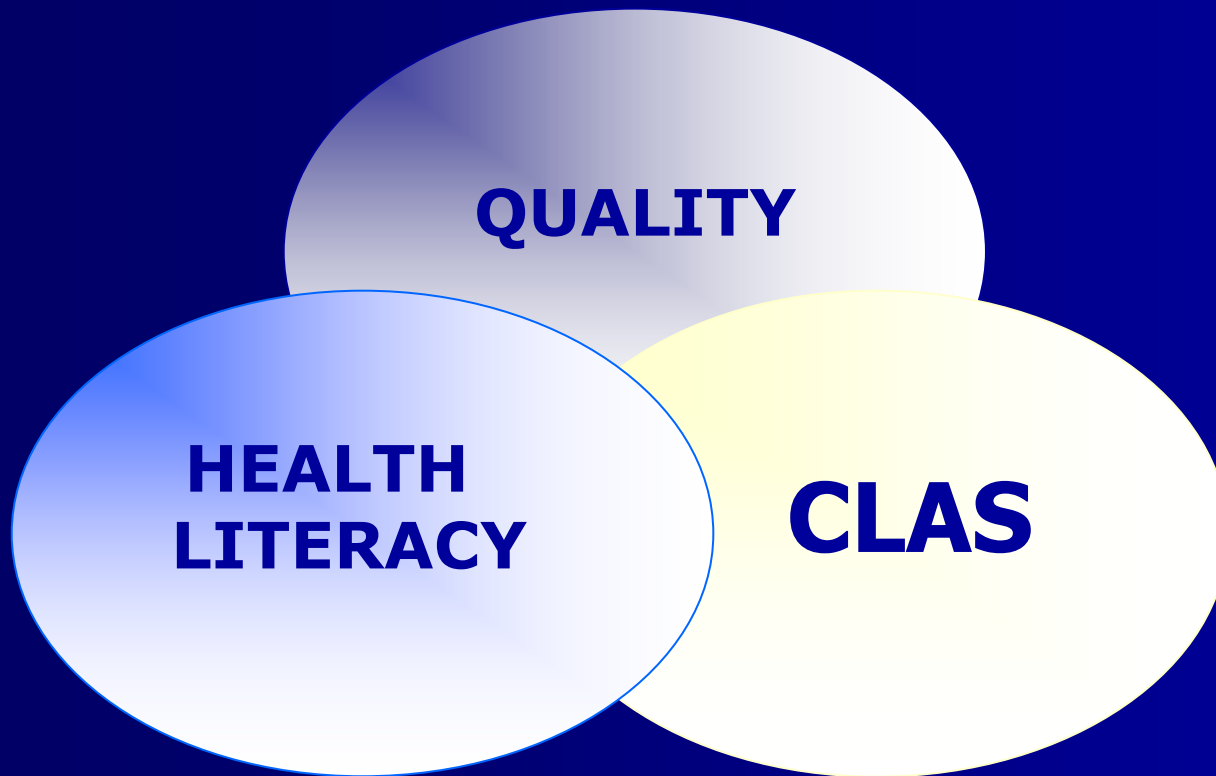
- Psychosocial and Cultural Issues Related to HIV Infection
- Be Safe Workbook: A Cultural Competency Model for African Americans
- Clinician's Guide: Working with Native Americans Living with HIV
- Changing Directions: Strengthening the Shield of Knowledge Native American HIV Care: A Training Platform
- Puertas de Diversidad: Culturally Guided Interventions with Latinos Latino Be Safe Workbook: A Cultural Competency Model for Latinos

HRSA CLAS Achievements

Center for Quality and OMHHD

- Integrate Health Literacy with Cultural Competency Training
 - Technical Assistance
 - Web Site
 - Resources

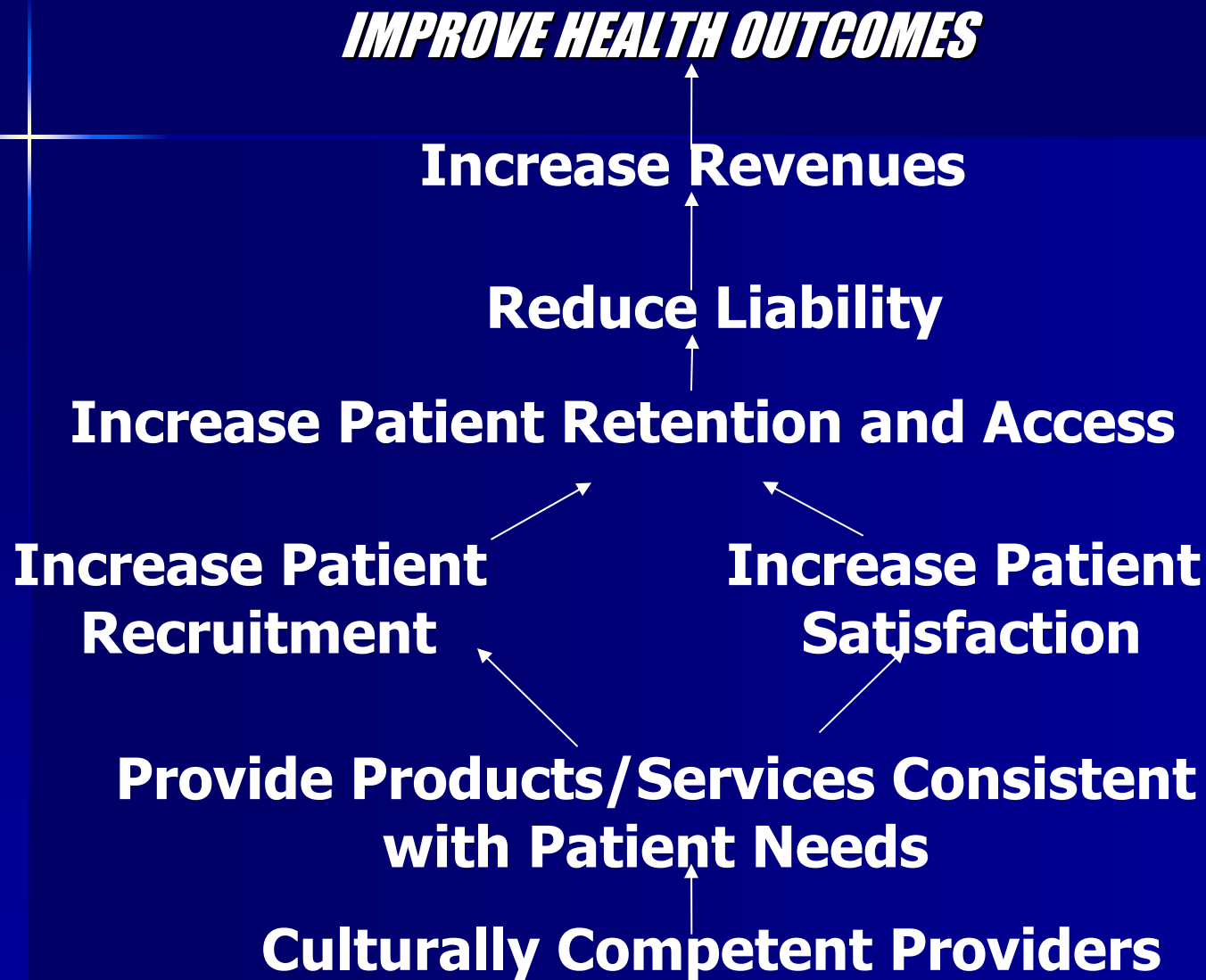
CLAS - HEALTH LITERACY - QUALITY MATRIX



HRSA's New Policy on Culture, Language, and Literacy

- HRSA has put forth new cultural competence standards for program announcements and funding opportunities to assure that cultural, language, and health literacy factors are integrated wherever possible.

WHY CULTURALLY COMPETENT HEALTH CARE ?



KUDOS TO MARYLAND!

- In January, 2007, the State Board of Pharmacy agreed to accept up to three continuing education credits in cultural competency and/or health disparities provided by the US DHHS Office of Minority Health through <http://ThinkCulturalHealth.org/cccm> for renewing licensed pharmacists and registered pharmacy technicians.
- The board agreed to also publish OMHHD-provided articles at least twice a year in its newsletter.

Selected Resources

- HRSA Cultural Competence Web Page
 - The Portal for HRSA Funded Cross-Cultural Resources

www.hrsa.gov/culturalcompetence



HRSA

U.S. Department of Health and Human Services
Health Resources and Services Administration

- **Geospatial Data Warehouse**
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- [Download National Sample Survey of RNs Data](#)
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- [Data Dictionary](#)
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- [Data Sources](#)
- [Data Suppression](#)
- [Information Sheet](#)
- CallCenter@hrsa.gov
- 1-877-464-4772 M-F 9 am to 5:30 pm ET



Department of Health and Human Services

Centers for Disease Control and Prevention

Snapshots of Data for Communities Nation-Wide

THIS INFORMATION IS ACCURATE AND UP TO DATE AS OF MARCH 12, 2007. Version 1.5



Snaps provides local level community profile information nation-wide. It can be browsed by county and state and searched by zip code. Snaps serves as a valuable tool when responding to public health emergency events at the state, Tribal, and local levels. It provides a "snapshot" of key variables for consideration in guiding and tailoring health education and communication efforts to ensure diverse audiences receive critical public health messages that are accessible, understandable, and timely.

Additional information can be requested by contacting the ECS Community Health Education Team at 404-639-0568.

Click on start button to view Snapshots of Data for Communities Nation-Wide. (Snaps)
This presentation is enhanced for Microsoft Windows PCs only



[Credits](#)

Please note: a few links point to external websites or multimedia files, such as video and audio, that are not included due to the size or complexity of those files. Access to the Internet is required in order to view these files.

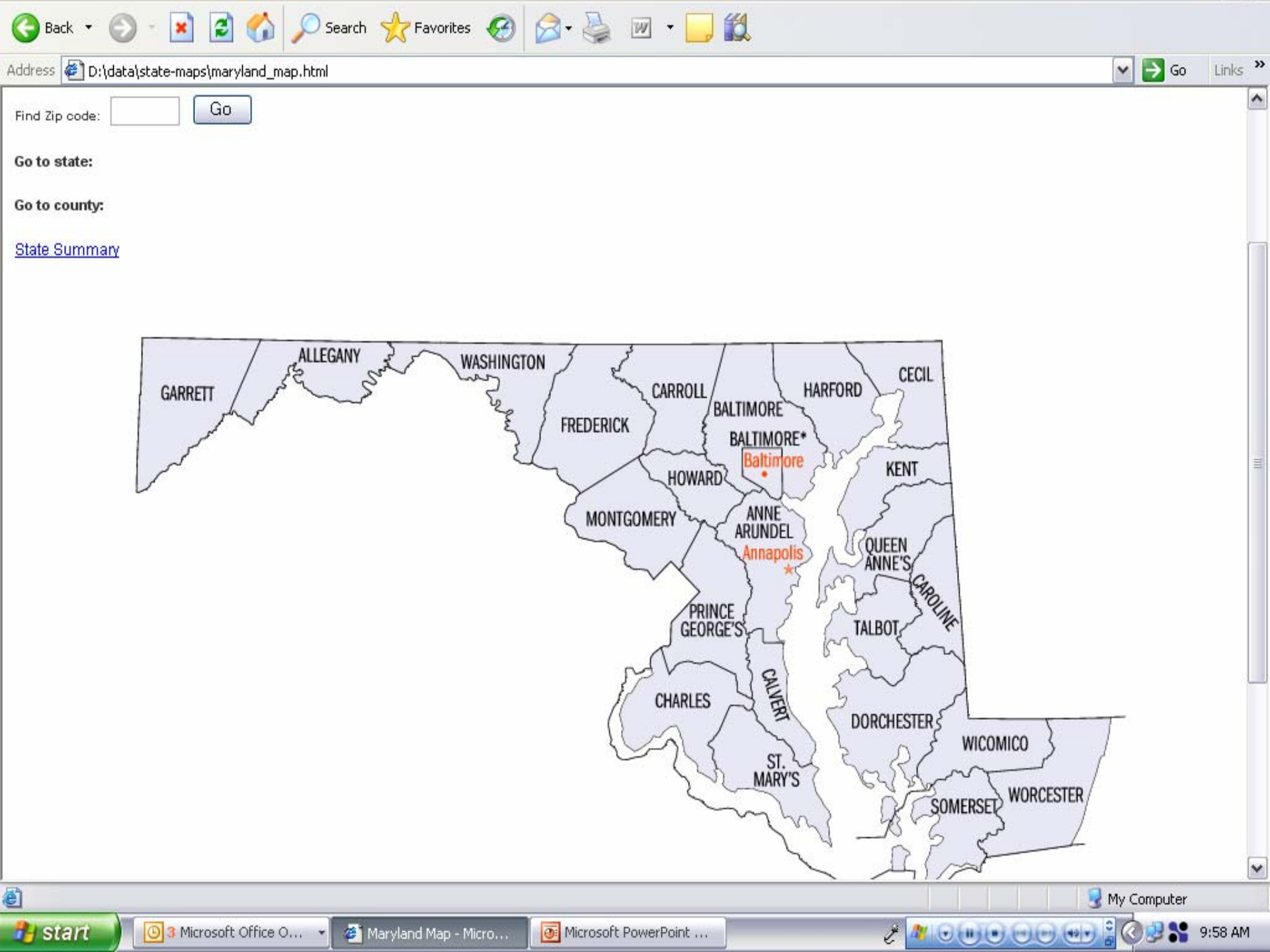


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For more
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Espinosa
(404) 639-7238





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Go

Links >>

Population:

- **Total Population:** 873,341
- Males: 417,650
- Females: 455,691

Ethnicity:

- White: 518,456
- Black/African American: 128,252
- Hispanic: 100,309
- Native American/Eskimo: 1,837
- Asian: 97,769
- Hawaiian / Pacific Islander: 424
- Other: 2,748
- 2 or more: 23,546

Top 5 Languages spoken at home:

1. English only (556,680)
2. Spanish (93,760)
3. Chinese (20,160)
4. French (14,915)
5. Korean (13,470)

Top 10 Countries of Origin for Immigrants (pop. > 5000)

Total Reported: 232,996

1. El Salvador (24,106)
2. India (16,169)
3. China, excluding Hong Kong and Taiwan (12,767)
4. Korea (12,175)
5. Vietnam (8,782)
6. Iran (6,795)
7. Philippines (6,149)



Examples of Languages Spoken in Maryland Counties, from SNAPS

- Prince George's:
 - 9,390 Speak Kru, Ibo, Yoruba (Nigeria; West Africa)
 - 56,000 Spanish Speakers
- Montgomery
 - 93,760 Spanish Speakers
 - 20,160 Chinese Speakers
- Baltimore
 - 7,175 Russian Speakers

SNAPS Data is Available by ZIP Code

WWW.OMHRC.gov

- Available OMH Funding
- African American Profile
- American Indian/Alaska Native Profile
- Asian American Profile
- Hispanic/Latino Profile
- Native Hawaiian/Other Pacific Islander Profile
- Searchable Web Sites
- What Is Cultural Competency?
- Guides and Resources
- Training Tools for Physicians and others
- Policies, Initiatives, and Laws
- National Standards

HRSA CONTACTS

- CULTURAL COMPETENCE
 - Leonard G. Epstein (301) 594-3803
 - lepstein@hrsa.gov
 - <http://www.hrsa.gov/culturalcompetence>
- LIMITED ENGLISH PROFICIENCY
 - Maria E. White (301) 443-0363
 - mewwhite@hrsa.gov
- HEALTH LITERACY
 - Linda Johnston-Lloyd (301) 443-0831
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THANK YOU



RESPECT